

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 83

For Official Use Only

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:  
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1424580

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

STREET ADDRESS (NO P.O. BOX)

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95814    | (916)442-7757   |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 442-7759 / fppc@bmhlaw.com

## Treasurer(s)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95814    | (916) 442-7757  |

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| Sacramento | CA    | 95814    | (916) 442-7757  |

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020 By Thomas W. Hiltachk  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 83

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Proposition 23

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
23 Statewide ☒ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

## 7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |   |
|--|---|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b><br>Page 3 of 83<br>I.D. NUMBER 1424580 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$91,009,920.68  | \$93,031,041.68                            |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$91,009,920.68  | \$93,031,041.68                            |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$28,040.47  | \$28,040.47                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$91,037,961.15  | \$93,059,082.15                            |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00           | \$0.00      |
| 21. Expenditures Made     | \$0.00           | \$0.00      |

## Expenditures Made

|  |                      |                  |                 |
|--|----------------------|------------------|-----------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$84,556,141.95  | \$85,604,209.75 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$0.00           | \$0.00          |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$84,556,141.95  | \$85,604,209.75 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | (\$1,382,486.61) | \$101,000.00    |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$28,040.47      | \$28,040.47     |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$83,201,695.81  | \$85,733,250.22 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |

## Current Cash Statement

|   |   |                 |  |
|---|---|-----------------|--|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$973,053.20    | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$91,009,920.68 |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$0.00          |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$84,556,141.95 |  |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$7,426,831.93  |  |
| If this is a termination statement, Line 16 must be zero. |   |                 |  |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

|                             |                                       |              |
|-----------------------------|---------------------------------------|--------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$0.00       |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$101,000.00 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |  |  |
|--|--|--|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 |  | <b>CALIFORNIA FORM 460</b><br>Page 4 of 83 |
| I.D. Number<br>1424580   |  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 7/10/2020       | Fresenius Medical Care<br>Newton, KS 67114<br>Committee ID: 1397797                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$8,579,474.73              | \$26,010,560.50                                     |                                    |
| 7/15/2020       | DaVita, Inc.<br>Washington, DC 20001<br>Committee ID: 1257183                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$19,585,682.73             | \$59,795,649.16                                     |                                    |
| 7/23/2020       | US Renal Care, Inc.<br>Plano, TX 75024<br>Committee ID: 1397800                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,286,308.01              | \$6,858,924.03                                      |                                    |
| 8/13/2020       | DaVita, Inc.<br>Washington, DC 20001<br>Committee ID: 1257183                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$19,585,682.73             | \$59,795,649.16                                     |                                    |
| 8/14/2020       | Fresenius Medical Care<br>Newton, KS 67114<br>Committee ID: 1397797                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$8,579,747.73              | \$26,010,560.50                                     |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

### Schedule A Summary

|   |                              |
|---|------------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$91,009,920.68              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$0.00                       |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL</b> \$91,009,920.68 |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 5 of 83               |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients | I.D. Number<br>1424580 |
|---|------------------------|

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/17/2020       | US Renal Care, Inc.<br>Plano, TX 75024<br>Committee ID: 1397800                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,286,308.01              | \$6,858,924.03                                      |                                    |
| 8/24/2020       | Fresenius Medical Care<br>Newton, KS 67114<br>Committee ID: 1397797                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$273.00                    | \$26,010,560.50                                     |                                    |
| 8/27/2020       | Dialysis Clinic, Inc.<br>Nashville, TN 37203<br>Committee ID: 1410439                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$393,948.46                | \$393,948.46  |                                    |
| 9/10/2020       | Fresenius Medical Care<br>Newton, KS 67114<br>Committee ID: 1397797                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$7,840,504.54              | \$26,010,560.50                                     |                                    |
| 9/11/2020       | US Renal Care, Inc.<br>Plano, TX 75024<br>Committee ID: 1397800                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$2,286,308.01              | \$6,858,924.03                                      |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 6 of 83               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. Number  
1424580

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 9/15/2020       | DaVita, Inc.<br>Washington, DC 20001<br>Committee ID: 1257183                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$19,585,682.73             | \$59,795,649.16                                     |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL</b> |   |   |  | \$91,009,920.68             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA FORM 460

Page 7 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                      | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____%<br>RATE                         |                                      | CALENDAR YEAR<br><br>PER ELECTION**           |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____%<br>RATE                         |                                      | CALENDAR YEAR<br><br>PER ELECTION**           |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____%<br>RATE                         |                                      | CALENDAR YEAR<br><br>PER ELECTION**           |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2.

Net \_\_\_\_\_  
(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule B - Part 2**  
**Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2020         |                            |
| through 09/19/2020      | Page 8 of 83               |
| I.D. Number 1424580     |                            |

|   |
|---|
| SEE INSTRUCTIONS ON REVERSE   |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN               | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE                              | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------|-------------------------------|---|-----------------------------|
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
| SUBTOTAL  |  |   |                    |                               | Enter on Summary Page, Line 17 only.            |                             |



# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b> |
|  | Page 9 of 83               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. Number  
1424580

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES   | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|--|---------------------------|---|------------------------------------|
| 9/2/2020      | DaVita, Inc.<br>Washington, DC 20001<br><br>Committee ID: 1257183                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | In-kind contribution for production expenses                                     | \$541.94                  | \$59,795,649.16                                   |                                    |
| 9/3/2020      | DaVita, Inc.<br>Washington, DC 20001<br><br>Committee ID: 1257183                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | In-kind contribution for collateral materials and shipping expenses              | \$26,065.61               | \$59,795,649.16                                   |                                    |
| 9/16/2020     | DaVita, Inc.<br>Washington, DC 20001<br><br>Committee ID: 1257183                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | In-kind contribution for video translation and voiceover services / flier design | \$1,432.92                | \$59,795,649.16                                   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$28,040.47

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.)..... \$28,040.47
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$28,040.47

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                        |  |
|---|------------|------------------------|--|
| Statement covers period   |            | SCHEDULE D             |  |
| from  | 07/01/2020 | CALIFORNIA FORM 460    |  |
| through   | 09/19/2020 | Page 10 of 83          |  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580 |  |

| DATE      | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|---------------------------|--------------------|--|------------------------------------|
| 9/11/2020 | California Republican Party   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | \$2,775,000.00     | \$2,775,000.00                                     |                                    |
|           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |  |                                    |
|           |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |  |                                    |
|           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |  |                                    |
|           |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |  |                                    |
|           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |  |                                    |

**SUBTOTAL** \$2,775,000.00

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$2,775,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$2,775,000.00

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b> |
| Page 11 of 83  | I.D. NUMBER<br>1424580     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|------|----|------------------------|-----------------|
| Pete Conaty & Associates<br>Northlake, TX 76226                     | CNS  |    |                        | \$7,500.00      |
| AC Public Affairs<br>Sacramento, CA 95814                           | CNS  |    |                        | \$10,000.00     |
| Target Enterprises, LLC<br>Sherman Oaks, CA 91403                   | TEL  |    |                        | \$25,000,000.00 |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

|  |                              |
|--|------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$84,556,141.95              |
| 2. Unitemized payments made this period of under \$100. ....   | \$0.00                       |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                       |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$84,556,141.95 |

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 12 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR                      | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|-------------------------|------------------------|--------------|
| Chris Mottola Consulting, Inc.<br>North Hollywood, CA 91602                     | TEL  |                         |                        | \$187,487.00 |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                            | CNS  |                         |                        | \$65,000.00  |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                            |      | LIT, MTG, OFC, POS, WEB |                        | \$5,459.69   |
| Amplified Strategies, Inc.<br>Seattle, WA 98112                                 | POL  |                         |                        | \$69,970.00  |
| Bask Digital Media<br>San Diego, CA 92101                                       |      | PHO, WEB                |                        | \$121,634.83 |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 13 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| Bell, McAndrews & Hiltachk, LLP<br>Sacramento, CA 95814                         | PRO  |    |                        | \$36,931.76  |
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                          | CNS  |    |                        | \$76,460.00  |
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                          | CNS  |    |                        | \$119,693.18 |
| Forward Observer, Inc.<br>Sacramento, CA 95811                                  | CNS  |    |                        | \$20,000.00  |
| Pelote Strategic Consulting & Advocacy<br>Sacramento, CA 95864                  | CNS  |    |                        | \$15,000.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 14 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Pete Conaty & Associates<br>Northlake, TX 76226                                 | CNS  |    |                        | \$7,500.00  |
| AC Public Affairs<br>Sacramento, CA 95814                                       | CNS  |    |                        | \$10,000.00 |
| Aronson Public Affairs<br>Sacramento, CA 95864                                  | CNS  |    |                        | \$5,000.00  |
| Public Square Partners, LLC<br>Sacramento, CA 95814                             | CNS  |    |                        | \$6,000.00  |
| Andy Gharakhani<br>Calabasas, CA 91302  | CNS  |    |                        | \$6,000.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020  |            | Page 15 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| DJR Health Law and Consulting<br>Sacramento, CA 95816                           | CNS  |    |                        | \$10,000.00 |
| Public Opinion Strategies<br>Alexandria, VA 22314                               | POL  |    |                        | \$70,455.00 |
| Public Opinion Strategies<br>Alexandria, VA 22314                               | POL  |    |                        | \$40,341.00 |
| Public Opinion Strategies<br>Alexandria, VA 22314                               | POL  |    |                        | \$30,681.82 |
| Educate Your Vote<br>Encino, CA 91436   | LIT  |    |                        | \$48,750.00 |
| Committee ID: 1345655   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period   |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2020 |                            |
| through 09/19/2020  |            | Page 16 of 83              |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580     |

SEE INSTRUCTIONS ON REVERSE

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|--|------|----|------------------------|--------------|
| California Early Voter Guide<br>Long Beach, CA 90802                                     | LIT  |    |                        | \$22,500.00  |
| Committee ID: 1387464<br>California Voter Guide<br>Torrance, CA 90505                    | LIT  |    |                        | \$70,000.00  |
| Committee ID: 595004<br>CalSAL Voter Guide<br>Torrance, CA 90505                         | LIT  |    |                        | \$60,000.00  |
| Committee ID: 1368249<br>Budget Watchdogs Newsletter<br>Torrance, CA 90505               | LIT  |    |                        | \$140,000.00 |
| Committee ID: 1345115<br>Continuing the Republican Revolution<br>Newport Beach, CA 92660 | LIT  |    |                        | \$18,000.00  |
| Committee ID: 598041   |      |    |                        |              |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 17 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| California Latino Voters Guide<br>Los Angeles, CA 90041                                  | LIT  |    |                        | \$48,750.00 |
| Committee ID: 596004<br>Voter Newsletter<br>Sherman Oaks, CA 91403                       | LIT  |    |                        | \$48,750.00 |
| Committee ID: 1355767<br>Californians for a Sustainable Future<br>Long Beach, CA 90802   | LIT  |    |                        | \$13,500.00 |
| Committee ID: 1417479<br>Coalition for Senior Citizens Security<br>Los Angeles, CA 90039 | LIT  |    |                        | \$30,000.00 |
| Committee ID: 592015<br>Progressive Voter Guide<br>Los Angeles, CA 90039                 | LIT  |    |                        | \$20,000.00 |
| Committee ID: 1385678  |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020  |            | Page 18 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580         |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR       | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|------|----------|------------------------|-----------------|
| Landslide Communications, Inc.<br>Laguna Niguel, CA 92677                       | LIT  |          |                        | \$227,500.00    |
| Election Digest<br>Torrance, CA 90505   | LIT  |          |                        | \$140,000.00    |
| Committee ID: 1345303<br>Winner & Mandabach Campaigns<br>Santa Monica, CA 90401 | TEL  |          |                        | \$261,803.91    |
| California Republican Party<br>Sacramento, CA 95814                             | CTB  |          |                        | \$2,775,000.00  |
| Committee ID: 810163<br>Target Enterprises, LLC<br>Sherman Oaks, CA 91403       |      | RAD, TEL |                        | \$49,582,369.06 |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020  |            | Page 19 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR                           | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|------------------------------|------------------------|-------------|
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                          | CNS  |                              |                        | \$3,409.09  |
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                          | CNS  |                              |                        | \$16,363.64 |
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                          |      | CNS, OFC                     |                        | \$95,643.50 |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                            | CNS  |                              |                        | \$65,000.00 |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                            |      | CMP, LIT, MTG, OFC, POS, WEB |                        | \$4,858.77  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 20 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID    |
|---|------|----|------------------------|----------------|
| Bask Digital Media<br>San Diego, CA 92101                                       |      |    | PHO, WEB               | \$275,973.00   |
| Amplified Strategies, Inc.<br>Seattle, WA 98112                                 | LIT  |    |                        | \$1,385,971.00 |
| Aaron, Thomas & Associates, Inc.<br>Chatsworth, CA 91311                        | POS  |    |                        | \$1,477,375.00 |
| Cops Voter Guide, Inc.<br>Folsom, CA 95630                                      | LIT  |    |                        | \$120,000.00   |
| Committee ID: 599014<br>Bell, McAndrews & Hiltachk, LLP<br>Sacramento, CA 95814 | PRO  |    |                        | \$17,089.19    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 21 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Public Opinion Strategies<br>Alexandria, VA 22314                               | POL  |    |                        | \$68,182.00 |
| Forward Observer, Inc.<br>Sacramento, CA 95811                                  | CNS  |    |                        | \$20,000.00 |
| Forward Observer, Inc.<br>Sacramento, CA 95811                                  | OFC  |    |                        | \$159.75    |
| Pete Conaty & Associates<br>Northlake, TX 76226                                 | CNS  |    |                        | \$7,500.00  |
| AC Public Affairs<br>Sacramento, CA 95814                                       | CNS  |    |                        | \$10,000.00 |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 22 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---|------|----|-------------------------------|-------------|
| Pelote Strategic Consulting & Advocacy<br>Sacramento, CA 95864                  | CNS  |    |                               | \$15,000.00 |
| Public Square Partners, LLC<br>Sacramento, CA 95814                             | CNS  |    |                               | \$6,000.00  |
| Andy Gharakhani<br>Calabasas, CA 91302  | CNS  |    |                               | \$6,000.00  |
| Santa Clara County Republican Party<br>San Jose, CA 95128                       | LIT  |    | Advertisement in Party mailer | \$2,593.15  |
| Committee ID: 741925<br>No Party Preference Voter Guide<br>Sacramento, CA 95841 | LIT  |    |                               | \$25,000.00 |
| Committee ID: 1343983   |      |    |                               |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020  |            | Page 23 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580         |

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR       | DESCRIPTION OF PAYMENT | AMOUNT PAID    |
|---|------|----------|------------------------|----------------|
| Applied Solutions, Inc.<br>Los Angeles, CA 90042                                | CNS  |          |                        | \$30,000.00    |
| Amplified Strategies, Inc.<br>Seattle, WA 98112                                 |      | PHO, POL |                        | \$70,000.00    |
| Amplified Strategies, Inc.<br>Seattle, WA 98112                                 |      | CNS, LIT |                        | \$1,100,000.00 |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                            |      | OFC, WEB |                        | \$357.88       |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                            | CNS  |          |                        | \$55,000.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2020   |  |                                |
| through 09/19/2020  |  | Page 24 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |  | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| Bask Digital Media<br>San Diego, CA 92101                                       |      |    | PHO, WEB               | \$106,799.00 |
| Bell, McAndrews & Hiltachk, LLP<br>Sacramento, CA 95814                         | PRO  |    |                        | \$28,451.88  |
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                          | CNS  |    |                        | \$55,404.00  |
| Forward Observer, Inc.<br>Sacramento, CA 95811                                  | CNS  |    |                        | \$40,000.00  |
| Berkeley Research Group, LLC<br>Emeryville, CA 94608                            | CNS  |    |                        | \$4,973.85   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2020 |                                |
| through 09/19/2020  |            | Page 25 of 83                  |
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients |            | I.D. NUMBER<br>1424580         |

SEE INSTRUCTIONS ON REVERSE

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|-----|---|-----|---|-----|---|
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| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
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| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Pelote Strategic Consulting & Advocacy<br>Sacramento, CA 95864                  | CNS  |    |                        | \$15,000.00 |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$84,556,141.95

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM 460

Page 26 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT    | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--------------------------------------|---|---------------------------------------|---|--|
| Ventura County Republican Party<br>Bermuda Dunes, CA 92203             | CMP<br>Advertisement in Party mailer | \$0.00  | \$20,000.00                           | \$0.00  | \$20,000.00  |
| Committee ID: 742080   |                                      |   |                                       |   |  |
| Public Opinion Strategies<br>Alexandria, VA 22314                      | POL                                  | \$0.00  | \$21,000.00                           | \$0.00  | \$21,000.00  |
| Public Opinion Strategies<br>Alexandria, VA 22314                      | POL                                  | \$0.00  | \$60,000.00                           | \$0.00  | \$60,000.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$101,000.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$1,483,486.61
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$1,382,486.61)  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 27 of 83

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

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CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, email)

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| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Forward Observer, Inc.<br>Sacramento, CA 95811                         | CNS                               | \$40,000.00   | \$0.00                                | \$40,000.00   | \$0.00   |
| Amplified Strategies, Inc.<br>Seattle, WA 98112                        | CNS, LIT                          | \$1,100,000.00  | \$0.00                                | \$1,100,000.00  | \$0.00   |
| Amplified Strategies, Inc.<br>Seattle, WA 98112                        | PHO, POL                          | \$70,000.00   | \$0.00                                | \$70,000.00   | \$0.00   |
| Berkeley Research Group, LLC<br>Emeryville, CA 94608                   | CNS                               | \$4,973.85  | \$0.00                                | \$4,973.85  | \$0.00   |

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA FORM 460**  
Page 28 of 83

|   |                        |
|---|------------------------|
| NAME OF FILER<br>NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients | I.D. NUMBER<br>1424580 |
|---|------------------------|

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| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
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| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Bell, McAndrews & Hiltachk, LLP<br>Sacramento, CA 95814                | PRO                               | \$28,451.88   | \$0.00                                | \$28,451.88   | \$0.00   |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                   | CNS                               | \$55,000.00   | \$0.00                                | \$55,000.00   | \$0.00   |
| Bicker, Castillo & Fairbanks<br>Sacramento, CA 95814                   | OFC, WEB                          | \$357.88  | \$0.00                                | \$357.88  | \$0.00   |
| Winner & Mandabach Campaigns<br>Santa Monica, CA 90401                 | CNS                               | \$55,404.00   | \$0.00                                | \$55,404.00   | \$0.00   |

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA  
FORM 460**

Page 29 of 83

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Pelote Strategic Consulting & Advocacy<br>Sacramento, CA 95864         | CNS                               | \$15,000.00   | \$0.00                                | \$15,000.00   | \$0.00   |
| Pete Conaty & Associates<br>Northlake, TX 76226                        | CNS                               | \$7,500.00  | \$0.00                                | \$7,500.00  | \$0.00   |
| Bask Digital Media<br>San Diego, CA 92101                              | PHO, WEB                          | \$106,799.00  | \$0.00                                | \$106,799.00  | \$0.00   |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS</b>   |                                   | \$1,483,486.61  | \$101,000.00                          | \$1,483,486.61  | \$101,000.00   |

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 30 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Aaron, Thomas & Associates, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
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| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID    |
|---|------|----|------------------------|----------------|
| US Postmaster<br>Santa Clarita, CA 91383  | POS  |    |                        | \$1,477,375.00 |
|   |      |    |                        |                |
|   |      |    |                        |                |
|   |      |    |                        |                |
|   |      |    |                        |                |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1477375.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 31 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Access Media Services

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| Ampersand<br>New York, NY 10036   | TEL  |    |                        | \$914,603.00 |
| Xandr Inc.<br>Lisle, IL 60532   | TEL  |    |                        | \$425,892.51 |
| Spectrum Reach Charter Communications Holdings LLC<br>St. Louis, MO 63131       | TEL  |    |                        | \$643,992.00 |
| NBC Sports<br>Universal City, CA 91608  | TEL  |    |                        | \$48,950.00  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2033437.51

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 32 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Access Media Services

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| Fox Sports West<br>Los Angeles, CA 90015  | TEL  |    |                        | \$146,600.00 |
|   |      |    |                        |              |
|   |      |    |                        |              |
|   |      |    |                        |              |
|   |      |    |                        |              |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$146600.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 33 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amplified Strategies, Inc.

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|     |   |     |   |     |   |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| L2<br>Bothell, WA 98011   | LIT  |    |                        | \$43,908.00  |
| Political Data, Inc.<br>Norwalk, CA 90650                                       | LIT  |    |                        | \$105,000.00 |
| Dawley & Associates<br>Seattle, WA 98134  | LIT  |    |                        | \$4,000.00   |
| Calle Bonita Studios<br>South Lake Tahoe, CA 96150                              | LIT  |    |                        | \$1,500.00   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$154408.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 34 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Amplified Strategies, Inc.

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|---|------|----|------------------------|--------------|
| Aaron, Thomas & Associates, Inc.<br>Chatsworth, CA 91311                        | LIT  |    |                        | \$961,688.00 |
| Political Data, Inc.<br>Norwalk, CA 90650                                       | POL  |    |                        | \$14,000.00  |
| Urbancolors Design<br>Stanwood, WA 98292  | LIT  |    |                        | \$19,000.00  |
| GSK Research, Inc.<br>Las Vegas, NV 89139                                       | POL  |    |                        | \$12,921.00  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1007609.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 35 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amplified Strategies, Inc.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| L2<br>Bothell, WA 98011   | POL  |    |                        | \$4,252.00  |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4252.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 36 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Bask Digital Media

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Google<br>Mountain View, CA 94043   | WEB  |    |                        | \$24.00     |
| Google<br>Mountain View, CA 94043   | WEB  |    |                        | \$21,316.25 |
| Facebook<br>Menlo Park, CA 94025  | WEB  |    |                        | \$41,413.75 |
| Facebook<br>Menlo Park, CA 94025  | WEB  |    |                        | \$57,375.00 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$120129.00

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 37 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Bask Digital Media

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|   |   |   |
|---|---|---|
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Facebook<br>Menlo Park, CA 94025  | WEB  |    |                        | \$3,397.59  |
| Mailchimp<br>Atlanta, GA 30308  | WEB  |    |                        | \$400.00    |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3797.59

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA**  
**FORM** **460**

Page 38 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Bicker, Castillo & Fairbanks

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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|---|------|----|------------------------|-------------|
| Paragon Language Services<br>Los Angeles, CA 90036                              | LIT  |    |                        | \$616.00    |
| Paragon Language Services<br>Los Angeles, CA 90036                              | LIT  |    |                        | \$616.00    |
| Paragon Language Services<br>Los Angeles, CA 90036                              | LIT  |    |                        | \$511.50    |
| Rockledge Associates<br>Cupertino, CA 95014                                     | WEB  |    |                        | \$333.33    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2076.83

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 39 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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|---|------|----|------------------------|-------------|
| Think, Inc.<br>El Dorado Hills, CA 95762  |      |    | CMP, POS               | \$904.27    |
| Paragon Language Services<br>Los Angeles, CA 90036                              | LIT  |    |                        | \$616.00    |
| Kim Marquardt Design<br>Gualala, CA 95445                                       | WEB  |    |                        | \$475.00    |
| Warner Center Marriott Woodland Hills<br>Woodland Hills, CA 91367               | MTG  |    |                        | \$655.65    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2650.92

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 40 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
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|---|------|----|------------------------|-------------|
| Think, Inc.<br>El Dorado Hills, CA 95762  |      |    | CMP, POS               | \$367.40    |
| Kim Marquardt Design<br>Gualala, CA 95445                                       | LIT  |    |                        | \$725.00    |
| California Democratic Party<br>Sacramento, CA 95811                             | WEB  |    |                        | \$927.50    |
| Henrik Reh binder<br>Los Angeles, CA 90039                                      | WEB  |    |                        | \$3,000.00  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5019.90

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 41 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

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|-----|---|-----|---|-----|---|
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|---|------|----|------------------------|-------------|
| Dahlia Ackerman<br>Bakersfield, CA 93313  | TEL  |    |                        | \$628.00    |
| Young Buck's Production Services, Inc.<br>Aldan, PA 19018                       | TEL  |    |                        | \$15,519.20 |
| Bronco Lighting<br>West Palmdale, CA 93551                                      | TEL  |    |                        | \$2,600.00  |
| Marq Castagna<br>La Mesa, CA 91941  | TEL  |    |                        | \$8,322.75  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$27069.95

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 42 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR         | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|------------|------------------------|--------------|
| Center City Film & Video<br>Philadelphia, PA 19103                              | TEL  | (Estimate) |                        | \$193,833.86 |
| Concrete Productions<br>San Diego, CA 92103                                     | TEL  |            |                        | \$41,571.40  |
| Cooper Interactive Group<br>El Cajon, CA 92019                                  | TEL  |            |                        | \$16,126.38  |
| Catherine Cox<br>Eclectic, AL 36024   | TEL  |            |                        | \$1,134.97   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$252666.61

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

**CALIFORNIA**  
**FORM** **460**

Page 43 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

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|---|------|----|------------------------|-------------|
| Devil's Grip Company<br>Los Angeles, CA 90031                                   | TEL  |    |                        | \$650.00    |
| Dominick Nunes<br>San Diego, CA 92122   | TEL  |    |                        | \$5,351.94  |
| Dominick Nunes<br>San Diego, CA 92122   | TEL  |    |                        | \$3,226.95  |
| Robert Eras<br>Pomona, CA 91767   | TEL  |    |                        | \$650.00    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9878.89

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# Schedule G

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|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 44 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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|---|------|----|------------------------|-------------|
| Expedia<br>Bellevue, WA 98004   | TEL  |    |                        | \$4,049.86  |
| Extra Extra Casting<br>Los Angeles, CA 90064                                    | TEL  |    |                        | \$15,240.74 |
| Extra Extra Casting<br>Los Angeles, CA 90064                                    | TEL  |    |                        | \$18,132.76 |
| G8Check<br>Los Angeles, CA 91352  | TEL  |    |                        | \$15,109.54 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$52532.90

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# Schedule G

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|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 45 of 83              |

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|---|------|------------|------------------------|-------------|
| GFC<br>San Diego, CA 92130  | TEL  |            |                        | \$805.00    |
| Kevin Guild<br>El Cajon, CA 92020   | TEL  |            |                        | \$4,578.35  |
| H4d Creative LLC<br>Huntington Beach, CA 92646                                  | TEL  |            |                        | \$3,424.60  |
| Hope Krosskove Productions<br>Cherry Hill, NJ 08003                             | TEL  | (Estimate) |                        | \$21,000.00 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$29807.95

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# Schedule G

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 46 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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|---|------|----|------------------------|-------------|
| Rebecca Hurwitz<br>Los Angeles, CA 90029  | TEL  |    |                        | \$725.00    |
| Ron Hyatt<br>San Diego, CA 92117  | TEL  |    |                        | \$11,612.00 |
| Ron Hyatt<br>San Diego, CA 92117  | TEL  |    |                        | \$6,557.00  |
| Mac Sales<br>Woodstock, IL 60098  | TEL  |    |                        | \$1,352.33  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$20246.33

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 47 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Miranda Martell<br>Spring Valley, CA 91977                                      | TEL  |    |                        | \$5,639.10  |
| Miranda Martell<br>Spring Valley, CA 91977                                      | TEL  |    |                        | \$3,028.25  |
| Richard Friedman Catering<br>Santa Monica, CA 90405                             | TEL  |    |                        | \$4,571.62  |
| Sirreel Studio Rentals<br>Sun Valley, CA 91352                                  | TEL  |    |                        | \$67,142.06 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$80381.03

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 48 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Chris Mottola Consulting, Inc.

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|     |   |     |   |     |   |
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| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Sirreel Studio Rentals<br>Sun Valley, CA 91352                                  | TEL  |    |                        | \$46,901.56 |
| Sirreel Studio Rentals<br>Sun Valley, CA 91352                                  | TEL  |    |                        | \$11,828.55 |
| Kari Smith<br>San Clemente, CA 92672  | TEL  |    |                        | \$13,629.16 |
| Kari Smith<br>San Clemente, CA 92672  | TEL  |    |                        | \$6,166.73  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$78526.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 49 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Southwest Airlines<br>Dallas, TX 75235  | TEL  |    |                        | \$1,079.92  |
| Talent Paymasters<br>Bethesda, MD 20814   | TEL  |    |                        | \$4,789.14  |
| Tilted Eye LLC<br>Brooklyn, NY 11222  | TEL  |    |                        | \$64,600.00 |
| Tilted Eye LLC<br>Brooklyn, NY 11222  | TEL  |    |                        | \$32,200.00 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$102669.06

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

| Statement covers period |            |
|-------------------------|------------|
| from                    | 07/01/2020 |
| through                 | 09/19/2020 |

**CALIFORNIA**  
**FORM** **460**

Page 50 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Jennifer Turgeon<br>Santa Monica, CA 90405                                      | TEL  |    |                        | \$2,175.00  |
| Jennifer Turgeon<br>Santa Monica, CA 90405                                      | TEL  |    |                        | \$2,175.00  |
| Vision Prompt<br>Calabasas, CA 91302  | TEL  |    |                        | \$5,600.00  |
| Vision Prompt<br>Calabasas, CA 91302  | TEL  |    |                        | \$3,305.00  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$13255.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 51 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Kathleen Wise<br>San Diego, CA 92113  | TEL  |    |                        | \$8,572.85  |
| Acme Lighting & Grip<br>Encinitas, CA 92024                                     | TEL  |    |                        | \$1,182.50  |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9755.35

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 52 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Landslide Communications, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| California Public Safety Voter Guide<br>Laguna Niguel, CA 92677                            | LIT  |    |                        | \$38,000.00 |
| 1298740<br>Inland Empire Republican Leadership Voter Guide<br>Laguna Niguel, CA 92677      | LIT  |    |                        | \$8,500.00  |
| 1293670<br>Los Angeles County Republican Leadership Voter Guide<br>Laguna Niguel, CA 92677 | LIT  |    |                        | \$7,500.00  |
| 1305336<br>National Tax Limitation Committee Early Voter Guide<br>Laguna Niguel, CA 92677  | LIT  |    |                        | \$38,000.00 |
| 1306386  |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$92000.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 53 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Landslide Communications, Inc.

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|     |   |     |   |     |   |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Woman's Voice<br>Laguna Niguel, CA 92677   | LIT  |    |                        | \$38,000.00 |
| 1293667<br>San Diego County Republican Leadership Voter Guide<br>Laguna Niguel, CA 92677 | LIT  |    |                        | \$6,500.00  |
| 1287037<br>Save Proposition 13<br>Laguna Niguel, CA 92677                                | LIT  |    |                        | \$38,000.00 |
| 598040<br>Taxifornia Tax Fighters Newsletter<br>Laguna Niguel, CA 92677                  | LIT  |    |                        | \$38,000.00 |
| 1378949  |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$120500.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 54 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Landslide Communications, Inc.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Ventura County Republican Leadership Voter Guide<br>Laguna Niguel, CA 92677           | LIT  |    |                        | \$6,500.00  |
| 1290652<br>Orange County Republican Leadership Voter guide<br>Laguna Niguel, CA 92677 | LIT  |    |                        | \$8,500.00  |
| 1285120   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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**TOTAL\*** \$15000.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 55 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
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|---|------|----|------------------------|-----------------|
| Access Media Services<br>Redondo Beach, CA 90277                                | TEL  |    |                        | \$2,180,037.50  |
| Applied Solutions, Inc.<br>Los Angeles, CA 90042                                | TEL  |    |                        | \$500,000.00    |
| Bask Digital Media<br>San Diego, CA 92101                                       | TEL  |    |                        | \$16,972,290.00 |
| KABC AM<br>Culver City, CA 90232  | RAD  |    |                        | \$8,032.50      |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$19660360.00

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 56 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID    |
|---|------|----|------------------------|----------------|
| KABC TV<br>Glendale, CA 91201   | TEL  |    |                        | \$2,233,520.45 |
| KALZ FM<br>Fresno, CA 93710   | RAD  |    |                        | \$4,080.00     |
| KBAK TV<br>Bakersfield, CA 93301  | TEL  |    |                        | \$74,744.75    |
| KBCW TV<br>San Francisco, CA 94111  | TEL  |    |                        | \$27,999.00    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2340344.20

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

| Statement covers period |            |
|-------------------------|------------|
| from                    | 07/01/2020 |
| through                 | 09/19/2020 |

**CALIFORNIA**  
**FORM** **460**

Page 57 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

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|---|------|----|------------------------|--------------|
| KBFX TV<br>Bakersfield, CA 93301  | TEL  |    |                        | \$36,057.00  |
| KCAL TV<br>Studio City, CA 91604  | TEL  |    |                        | \$461,677.50 |
| KCBA TV<br>Monterey, CA 93940   | TEL  |    |                        | \$36,630.75  |
| KCBQ AM<br>San Diego, CA 92121  | RAD  |    |                        | \$1,912.50   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$536277.75

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# Schedule G

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SCHEDULE G

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| Statement covers period |            |
| from                    | 07/01/2020 |
| through                 | 09/19/2020 |

**CALIFORNIA**  
**FORM** **460**

Page 58 of 83

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER  
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|---|------|----|------------------------|----------------|
| KCBS TV<br>Stuido City, CA 91604  | TEL  |    |                        | \$1,601,697.56 |
| KCOP TV<br>Log Angeles, CA 90025  | TEL  |    |                        | \$78,735.50    |
| KCOY TV<br>Santa Maria, CA 93455  | TEL  |    |                        | \$67,022.50    |
| KCRA TV<br>Sacramento, CA 95814   | TEL  |    |                        | \$627,121.50   |

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**TOTAL\*** \$2374577.06

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# Schedule G

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 59 of 83              |

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NAME OF FILER

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|---|------|----|------------------------|-------------|
| KCVU TV<br>Chico, CA 95928  | TEL  |    |                        | \$5,355.00  |
| KCWQ TV<br>Palm Desert, CA 92211  | TEL  |    |                        | \$6,205.00  |
| KDFX TV<br>Thousand Palms, CA 92276   | TEL  |    |                        | \$26,600.75 |
| KDOC TV<br>Santa Ana, CA 92701  | TEL  |    |                        | \$40,545.00 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$78705.75

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# Schedule G

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| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 60 of 83              |

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NAME OF FILER

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|---|------|----|------------------------|--------------|
| KEIB AM<br>Burbank, CA 91505  | RAD  |    |                        | \$5,346.50   |
| KERN AM<br>Bakersfield, CA 93303  | RAD  |    |                        | \$2,235.50   |
| KERO TV<br>Bakersfield, CA 93301  | TEL  |    |                        | \$3,240.50   |
| KESQ TV<br>Thousand Palms, CA 92276   | TEL  |    |                        | \$119,935.00 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$130757.50

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# Schedule G

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|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 61 of 83              |

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NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

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|---|------|----|------------------------|-------------|
| KEYT TV<br>Santa Barbara, CA 93109  | TEL  |    |                        | \$69,181.50 |
| KFBK AM<br>Sacramento, CA 95815   | RAD  |    |                        | \$12,903.00 |
| KFI AM<br>Burbank, CA 91505   | RAD  |    |                        | \$30,387.50 |
| KFIV AM<br>Modesto, CA 95355  | RAD  |    |                        | \$688.50    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$113160.50

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# Schedule G

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| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 62 of 83              |

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|---|------|----|------------------------|--------------|
| KFMB TV<br>San Diego, CA 92111  | TEL  |    |                        | \$392,088.00 |
| KFRE TV<br>Fresno, CA 93727   | TEL  |    |                        | \$2,303.50   |
| KFSN TV<br>Fresno, CA 93706   | TEL  |    |                        | \$147,156.25 |
| KGB FM<br>San Diego, CA 92123   | RAD  |    |                        | \$4,794.00   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$546341.75

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# Schedule G

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| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 63 of 83              |

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NAME OF FILER

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| KGET TV<br>Bakersfield, CA 93301  | TEL  |    |                        | \$94,432.45  |
| KGO AM<br>San Francisco, CA 94111   | RAD  |    |                        | \$58,395.02  |
| KGO TV<br>San Francisco, CA 94111   | TEL  |    |                        | \$685,843.75 |
| KGPE TV<br>Fresno, CA 93726   | TEL  |    |                        | \$68,131.75  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$906802.97

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| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 64 of 83              |

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|---|------|----|------------------------|--------------|
| KGTV TV<br>San Diego, CA 92102  | TEL  |    |                        | \$227,812.75 |
| KHSL TV<br>Chico, CA 95973  | TEL  |    |                        | \$27,370.00  |
| KICU TV<br>Oakland, CA 94607  | TEL  |    |                        | \$45,696.00  |
| KINS FM<br>Eureka, CA 95501   | RAD  |    |                        | \$729.30     |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$301608.05

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CALIFORNIA  
FORM **460**

Page 65 of 83

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| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KION TV<br>Salinas, CA 93905  | TEL  |    |                        | \$59,763.50 |
| KIXW AM<br>Victorville, CA 92395  | RAD  |    |                        | \$1,705.10  |
| KKFX TV<br>Santa Maria, CA 93455  | TEL  |    |                        | \$29,605.50 |
| KKGX AM<br>Cathedral City, CA 92234   | RAD  |    |                        | \$1,226.55  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$92300.65

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 66 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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|---|------|----|------------------------|--------------|
| KMAX TV<br>West Sacramento, CA 95605  | TEL  |    |                        | \$123,568.75 |
| KMIR TV<br>Palm Desert, CA 92260  | TEL  |    |                        | \$117,916.25 |
| KMJ AM<br>Fresno, CA 93711  | RAD  |    |                        | \$6,927.50   |
| KMPH TV<br>Fresno, CA 93727   | TEL  |    |                        | \$89,258.50  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$337671.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 67 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID    |
|---|------|----|------------------------|----------------|
| KMYC AM<br>Marysville, CA 95901   | RAD  |    |                        | \$1,045.50     |
| KNBC TV<br>Universal City, CA 91608   | TEL  |    |                        | \$1,500,700.51 |
| KNCO AM<br>Grass Valley, CA 95945   | RAD  |    |                        | \$2,125.00     |
| KNSD TV<br>San Diego, CA 92123  | TEL  |    |                        | \$359,337.50   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1863208.51

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 68 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

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|---|------|----|------------------------|--------------|
| KNTV TV<br>San Jose, CA 95131   | TEL  |    |                        | \$488,346.25 |
| KNVN TV<br>Chico, CA 95973  | TEL  |    |                        | \$27,816.25  |
| KNWZ AM<br>Palm Springs, CA 92262   | RAD  |    |                        | \$2,091.00   |
| KNZR FM<br>Bakersfield, CA 93308  | RAD  |    |                        | \$5,538.60   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$523792.10

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 69 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
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|---|------|----|------------------------|--------------|
| KOFY TV<br>San Francisco, CA 94124  | TEL  |    |                        | \$9,124.75   |
| KOGO AM<br>San Diego, CA 92123  | RAD  |    |                        | \$8,942.00   |
| KOVR TV<br>West Sacramento, CA 95605  | TEL  |    |                        | \$489,876.25 |
| KPIX TV<br>San Francisco, CA 94111  | TEL  |    |                        | \$785,718.77 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1293661.77

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 70 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

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|---|------|----|------------------------|-------------|
| KPRL AM<br>Paso Robles, CA 93446  | RAD  |    |                        | \$1,094.80  |
| KPSP TV<br>Thousand Palms, CA 92276   | TEL  |    |                        | \$77,775.00 |
| KQCA TV<br>Sacramento, CA 95814   | TEL  |    |                        | \$92,016.75 |
| KQMS AM<br>Redding, CA 96002  | RAD  |    |                        | \$900.15    |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$171786.70

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 71 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
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|---|------|----|------------------------|--------------|
| KRAC AM<br>Quincy, CA 95971   | RAD  |    |                        | \$739.50     |
| KRCR TV<br>Redding, CA 96001  | TEL  |    |                        | \$40,821.25  |
| KRLA AM<br>Los Angeles, CA 90010  | RAD  |    |                        | \$8,109.00   |
| KRON TV<br>San Francisco, CA 94109  | TEL  |    |                        | \$152,196.75 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$201866.50

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 72 of 83              |

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NAME OF FILER

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|---|------|----|------------------------|--------------|
| KSBW TV<br>Salinas, CA 93901  | TEL  |    |                        | \$112,735.50 |
| KSBY TV<br>San Luis Obispo, CA 93405  | TEL  |    |                        | \$77,647.50  |
| KSCO AM<br>Santa Cruz, CA 95062   | RAD  |    |                        | \$1,156.00   |
| KSEE TV<br>Fresno, CA 93727   | TEL  |    |                        | \$62,152.00  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$253691.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

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SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 73 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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|---|------|----|------------------------|-------------|
| KSFO AM<br>San Francisco, CA 94111  | RAD  |    |                        | \$16,936.25 |
| KSMA AM<br>Santa Maria, CA 93455  | RAD  |    |                        | \$586.50    |
| KSRO AM<br>Santa Rosa, CA 95405   | RAD  |    |                        | \$2,397.00  |
| KSTE AM<br>Stockton, CA 95207   | RAD  |    |                        | \$5,135.70  |

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**TOTAL\*** \$25055.45

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# Schedule G

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SCHEDULE G

Statement covers period  
from 07/01/2020  
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CALIFORNIA  
FORM **460**

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|---|------|----|------------------------|----------------|
| KSWB TV<br>San Diego, CA 92111  | TEL  |    |                        | \$206,316.25   |
| KTIE AM<br>Glendale, CA 91203   | RAD  |    |                        | \$4,114.00     |
| KTKZ AM<br>Sacramento, CA 95815   | RAD  |    |                        | \$1,591.20     |
| KTLA TV<br>Los Angeles, CA 90028  | TEL  |    |                        | \$1,259,830.07 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1471851.52

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 75 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| KTMS AM<br>Santa Barbara, CA 93101  | RAD  |    |                        | \$892.50     |
| KTOX AM<br>Needles, CA 92363  | RAD  |    |                        | \$581.40     |
| KTRB AM<br>Fremont, CA 94538  | RAD  |    |                        | \$1,666.00   |
| KTTV TV<br>Log Angeles, CA 90025  | TEL  |    |                        | \$888,908.77 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$892048.67

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 76 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

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| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| KTVU TV<br>Oakland, CA 94607  | TEL  |    |                        | \$781,218.02 |
| KTXL TV<br>Sacramento, CA 95820   | TEL  |    |                        | \$250,996.50 |
| KUHL FM<br>Santa Maria, CA 93454  | RAD  |    |                        | \$1,075.25   |
| KUSI TV<br>San Diego, CA 92123  | TEL  |    |                        | \$217,472.50 |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1250762.27

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 77 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KVEC AM<br>San Luis Obispo, CA 93401  | RAD  |    |                        | \$986.00    |
| KVLI AM<br>Kernville, CA 93238  | RAD  |    |                        | \$683.40    |
| KVML AM<br>Sonora, CA 95370   | RAD  |    |                        | \$1,931.20  |
| KVTA AM<br>Ventura, CA 93003  | RAD  |    |                        | \$1,411.00  |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5011.60

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 78 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| KXTV TV<br>Sacramento, CA 95818   | TEL  |    |                        | \$266,921.05 |
| KYOS AM<br>Merced, CA 95340   | RAD  |    |                        | \$1,011.50   |
| NFMB TV<br>San Diego, CA 92111  | TEL  |    |                        | \$17,722.50  |
| NION TV<br>Salinas, CA 93905  | TEL  |    |                        | \$1,984.75   |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$287639.80

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 79 of 83

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Target Enterprises, LLC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| NSBW TV<br>Salinas, CA 93901  | TEL  |    |                        | \$18,700.00 |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$18700.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2020 |                            |
| through                 | 09/19/2020 | Page 80 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Winner & Mandabach Campaigns

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID  |
|---|------|----|------------------------|--------------|
| Chris Mottola Consulting, Inc.<br>North Hollywood, CA 91602                     | TEL  |    |                        | \$207,889.00 |
|   |      |    |                        |              |
|   |      |    |                        |              |
|   |      |    |                        |              |
|   |      |    |                        |              |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$207889.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2020<br>through 09/19/2020 | <b>CALIFORNIA FORM 460</b> |
|  | Page 81 of 83              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                     | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. |   | <b>SUBTOTALS</b>  |  |  |   |                             |                                      |                                       |

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**NET** (May be a negative number)

\*\* If Required

Schedule I  
Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2020  
through 09/19/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NO on 23 - Stop the Dangerous & Costly Dialysis Proposition, a coalition of dialysis providers, nurses, doctors and patients

I.D. NUMBER  
1424580

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....\$00
2. Unitemized increases to cash under \$100 this period.....\$00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....\$00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....TOTAL \$00